Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF

2011

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Annual Report Identification Information For calendar plan year 2011 or fiscal plan year beginning and ending X a single-employer plan a multiple-employer plan (not multiemployer) a one-participant plan A This return/report is for: the first return/report **B** This return/report is: the final return/report an amended return/report a short plan year return/report (less than 12 months) Form 5558 automatic extension DFVC program C Check box if filing under: special extension (enter description) Part II Basic Plan Information—enter all requested information 1a Name of plan 1b Three-digit plan number BOYS & GIRLS CLUBS OF METRO DENVER, INC. 401(K) PLAN (PN) ▶ 002 1c Effective date of plan 07/01/2000 2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) 2b Employer Identification Number BOYS & GIRLS CLUBS OF METRO DENVER, INC. 84-0510404 (EIN) 2c Sponsor's telephone number 303-892-9200 2017 W 9TH AVENUE DENVER, CO 80204-3845 2d Business code (see instructions) 813000 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") 3b Administrator's EIN 84-0510404 BOYS & GIRLS CLUBS OF METRO DENVER, INC. 2017 W 9TH AVENUE DENVER, CO 80204-3845 3c Administrator's telephone number 303-892-9200 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the 4b EIN name, EIN, and the plan number from the last return/report. 4c PN Sponsor's name 5a Total number of participants at the beginning of the plan year..... 5a **b** Total number of participants at the end of the plan year..... 127 Number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)..... **6a** Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.) **b** Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) Yes under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)..... If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500. Financial Information Plan Assets and Liabilities (a) Beginning of Year (b) End of Year 2913536 2962325 Total plan assets..... 7a 7b Total plan liabilities..... 2913536 2962325 Net plan assets (subtract line 7b from line 7a)..... 7с Income, Expenses, and Transfers for this Plan Year (a) Amount (b) Total a Contributions received or receivable from: 164700 (1) Employers 8a(1) 100234 (2) Participants 8a(2) 6069 (3) Others (including rollovers)..... 8a(3) -46378 **b** Other income (loss)..... 8b 224625 Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) 8с Benefits paid (including direct rollovers and insurance premiums 170338 to provide benefits)..... 8d Certain deemed and/or corrective distributions (see instructions) ... 8e 5498 Administrative service providers (salaries, fees, commissions)....... 8f Other expenses..... 8g 175836 Total expenses (add lines 8d, 8e, 8f, and 8g)..... 8h 48789 Net income (loss) (subtract line 8h from line 8c)..... 8i Transfers to (from) the plan (see instructions)

Form 5500-SF 2011		

Part IV	Plan Characteristics
Partiv	Pian Characteristics

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 9a 2E 2F 2G 2J 2T 3D 2K

Page **2** - 1

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

	The plan provides wellare betterns, effect the applicable wellare leature codes from the List of Flan Gharac						
Part	V Compliance Questions						
10	During the plan year:		Yes	No	Α	mount	
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		X			
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		X			
С	Was the plan covered by a fidelity bond?	10c	Χ				100000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?	10f		X			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)	10g	X				146345
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		X			
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i					
Part	/I Pension Funding Compliance						
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and com 5500))					Yes	X No
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code					Yes	X No
	(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.) If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instruction granting the waiver						
	ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.		Г	10h	<u> </u>		
b	Enter the minimum required contribution for this plan year			12b			
c d	Enter the amount contributed by the employer to the plan for this plan year Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left onegative amount)	of a		12c 12d			
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?				Yes	No	N/A
Part							
	Has a resolution to terminate the plan been adopted in any plan year?			Y	res X No		
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	1	3a				
b	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?						X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the which assets or liabilities were transferred. (See instructions.)					_	_
1	Sc(1) Name of plan(s):		13	c(2) El	N(s)	13c(3) PN(s)
Caut	on: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable	le cau	ıse is	establ	ished.		
SB o	penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this retu- Schedule MB completed and signed by an enrolled actuary, as well as the electronic version of this return/ it is true, correct, and complete.				O, 11	,	

SIGN	Filed with authorized/valid electronic signature.	07/27/2012	PHILLIP A. BLOISE
HERE	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

OMB Nos. 1210-0110 1210-0089

2011

This Form is Open to Public Inspection

	art I Annual Report Identification Information				10/01/0011
For		1/01/203	1 and ending		12/31/2011
A	This return/report is for: a single-employer plan	a multiple-ei	mployer plan (not multiemployer)		a one-participant plan
В	This return/report is:	the final retu	ırn/report		
	an amended return/report	a short plan	year return/report (less than 12 mo	onths)	
С	Check box if filing under: Form 5558	automatic e	ktension	Γ	DFVC program
	special extension (enter description	n)		_	_
Pa	art II Basic Plan Information—enter all requested informa	ation			
	Name of plan			1b	Three-digit
	Boys & Girls Clubs of Metro Denver, Inc.	401(k)		· ·	plan number
	Plan				(PN) 002
	2.201				Effective date of plan 07/01/2000
2a	Plan sponsor's name and address; include room or suite number (er	mplover, if fo	r a single-employer plan)	_	Employer Identification Number
	Boys & Girls Clubs of Metro Denver,		, a amgra amprayar prany		(EIN) 84-0510404
	Inc.			2c	Sponsor's telephone number
	0015 77 011 7				(303) 892-9200
	2017 W 9th Avenue				Business code (see instructions)
_	Denver		CO 80204-3845		813000
3a	Plan administrator's name and address (if same as plan sponsor, er Same	iter "Same")		30	Administrator's EIN
				3c /	Administrator's telephone number
4	If the name and/or EIN of the plan sponsor has changed since the la	ast return/rep	port filed for this plan, enter the	4b	EIN.
а	name, EIN, and the plan number from the last return/report. Sponsor's name			4c	PN
5a				5a	96
	Total combands and additional additional additional and additional				!
b	otal number of participants at the end of the plan year			l 5b	127
b c				5b	12"
		olan year (de	fined benefit plans do not	5b 5c	95
c 6a	Number of participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances are participants.	olan year (de	fined benefit plans do not ee instructions.)	5c	95
c 6a	Number of participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances are participants.	olan year (de	fined benefit plans do not see instructions.)	5c	99 X Yes No
c 6a	Number of participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants. Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility and the participants with account balances as of the end of the participants.	elan year (de le assets? (S an independe and conditior	fined benefit plans do not see instructions.) ent qualified public accountant (IQF ns.)	5c	99 X Yes No
6a b	Number of participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances as of the end of the participants with account balances are participants.	elan year (de le assets? (S an independe and conditior	fined benefit plans do not see instructions.) ent qualified public accountant (IQF ns.)	5c	99 X Yes No
6a b	Number of participants with account balances as of the end of the promplete this item). Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the your answered "No" to either 6a or 6b, the plan cannot use For	elan year (de le assets? (S an independe and conditior	fined benefit plans do not see instructions.) ent qualified public accountant (IQF ns.)	5c	99 X Yes No
6a b	Number of participants with account balances as of the end of the	elan year (de le assets? (S an independe and conditior	fined benefit plans do not see instructions.) ent qualified public accountant (IQF ns.) F and must instead use Form 550	5c	99 No X Yes No
6a b	Number of participants with account balances as of the end of the participants with account balances as of the end of the part of the plan of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use Foundard III Financial Information Plan Assets and Liabilities	le assets? (Sen independe and condition orm 5500-SF	fined benefit plans do not see instructions.) ent qualified public accountant (IQF ns.) Fand must instead use Form 556 (a) Beginning of Year	5c	99
6a b	Number of participants with account balances as of the end of the participants with account balances as of the end of the part of the plan of the plan's assets during the plan year invested in eligible. Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the plan cannot use for the plan cannot use for the plan cannot use for the plan Assets and Liabilities. Total plan assets.	le assets? (Sen independe and condition orm 5500-SF	fined benefit plans do not see instructions.) ent qualified public accountant (IQF ns.) Fand must instead use Form 556 (a) Beginning of Year	5c PA) 000.	99
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6a b 7 a b	Number of participants with account balances as of the end of the promplete this item). Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the sum of the plan cannot use for art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities	le assets? (Sean independe and condition orm 5500-SF	fined benefit plans do not lee instructions.) ent qualified public accountant (IQF as.) (a) Beginning of Year 2,913,53 (a) Amount	5c PA) 00.	(b) End of Year 2, 962, 325
C 6a b 7 a b c 8	Number of participants with account balances as of the end of the promplete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility at the sum of the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers	le assets? (Sen independe and condition orm 5500-SF	fined benefit plans do not liee instructions.) ent qualified public accountant (IQF is.) (a) Beginning of Year 2,913,53 (a) Amount 164,70	5c PA) 000.	(b) End of Year 2, 962, 325
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Ga b Pa a b c b c	Number of participants with account balances as of the end of the promplete this item) Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use Fourt III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	le assets? (Sen independe and condition orm 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d	fined benefit plans do not fiee instructions.) ent qualified public accountant (IQF is.) (a) Beginning of Year 2,913,53 (a) Amount 164,70 100,23 6,06 (46,378	5c PA) 000.	Yes No No No No No No No No No No
Gabba Para Babba B	Number of participants with account balances as of the end of the promplete this item). Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either 6a or 6b, the plan cannot use For art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits)	7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e	fined benefit plans do not fiee instructions.) ent qualified public accountant (IQF is.) (a) Beginning of Year 2,913,53 (a) Amount 164,70 100,23 6,06 (46,378	5c PA) 000. 66 66 69 84 69 83	Yes No No No No No No No No No No
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Pabcos ab	Number of participants with account balances as of the end of the participants item). Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility of the your answered "No" to either 6a or 6b, the plan cannot use For art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	le assets? (Sen independend condition orm 5500-SF 7a 7b 7c 8a(1) 8a(2) 8a(3) 8b 8c 8d 8e 8f 8g	fined benefit plans do not lee instructions.) ent qualified public accountant (IQF is.) (a) Beginning of Year 2,913,53 (a) Amount 164,70 100,23 6,06 (46,378	5c PA) 000. 66 66 69 84 69 83	Yes No No No No No No No No No No
C 6a b 7 a b c c 8 a b c c d e f g	Number of participants with account balances as of the end of the promplete this item). Were all of the plan's assets during the plan year invested in eligible Are you claiming a waiver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a lif you answered "No" to either 6a or 6b, the plan cannot use For art III Financial Information Plan Assets and Liabilities Total plan assets Total plan liabilities Net plan assets (subtract line 7b from line 7a) Income, Expenses, and Transfers for this Plan Year Contributions received or receivable from: (1) Employers (2) Participants (3) Others (including rollovers) Other income (loss) Total income (add lines 8a(1), 8a(2), 8a(3), and 8b) Benefits paid (including direct rollovers and insurance premiums to provide benefits) Certain deemed and/or corrective distributions (see instructions) Administrative service providers (salaries, fees, commissions)	7a	fined benefit plans do not lee instructions.) ent qualified public accountant (IQF is.) (a) Beginning of Year 2,913,53 (a) Amount 164,70 100,23 6,06 (46,378	5c PA) 000. 66 66 69 84 69 83	Yes No No

Page 2 ·

Part IV	Plan Characteristics	

If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2E 2F 2G 2J 2T 3D 2K

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

art \	V Compliance Questions),
	During the plan year:			Yes	No		Amount	
	Was there a failure to transmit to the plan any participant contributions within t	ne time period described ir	١					
	29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correct	ion Program)	10a		X			
b v	Were there any nonexempt transactions with any party-in-interest? (Do not incon line 10a.)	10b		Х				
С	Was the plan covered by a fidelity bond?		10c	X			1	00,000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond or dishonesty?	that was caused by fraud	10d		Х			
е	Were any fees or commissions paid to any brokers, agents, or other persons by insurance service or other organization that provides some or all of the benefit instructions.)	y an insurance carrier, s under the plan? (See	10e		X			
f	Has the plan failed to provide any benefit when due under the plan?		10f		Х			
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end	.)	10g	Х			1	46,345
h	If this is an individual account plan, was there a blackout period? (See instruct 2520.101-3.)	ons and 29 CFR	10h		Х			
i	If 10h was answered "Yes," check the box if you either provided the required receptions to providing the notice applied under 29 CFR 2520.101-3	otice or one of the	10i					
art \	Will be the second of the seco							
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Ye 5500))	s," see instructions and co	mplete	Sched	lule SE	3 (Form	Yes	s 🛭 No
lf y	If a waiver of the minimum funding standard for a prior year is being amortized granting the waiver. ou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form	Mo 5500), and skip to line 1	onth 3.	-	enter th Day	ne date of t	he letter r Year	uling
	Enter the minimum required contribution for this plan year				12c			
	Enter the amount contributed by the employer to the plan for this plan year				120			
	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enegative amount)				12d	□ vee	П №	П м/а
е	Will the minimum funding amount reported on line 12d be met by the funding of	eadline?			,,,,,,	Yes	1100	II N/A
art \								
	Has a resolution to terminate the plan been adopted in any plan year?				Ш	Yes X	NO	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year							
	b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought of the PBGC?						Ye	s 🛚 No
	C If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.) 13c(1) Name of plan(s): 13c(2) EIN(s) 13c(3) PN(s)							2) DN/-)
13	13c(1) Name of plan(s):					IIV(S)	136(3) PN(s)
Cauti	ion: A penalty for the late or incomplete filing of this return/report will be	assessed unless reason	able ca	use is	estab	lished.		
Unde	r penalties of perjury and other penalties set forth in the instructions, I declare Schedule MB completed and signed by an enrolled actuary, as well as the ele f, it is true, correct, and complete.	hat I have examined this retu	eturn/re rn/repo	eport, i rt, and	ncludir to the	ng, if applic best of my	able, a So knowledg	chedule ge and
SB or	1 1 Shin 15/2. 7/8	4/12 Phillip A	A. Bl	oise	-			
SB or belief,								
SB or		Enter name o	f individ	dual si	ning a	is plan adr	ninistrator	
SB or belief, SIGN HERI	E Signature of plan administrator Date	Enter name o	f individ	dual sig	gning a	is plan adr	ninistrator	
SB or belief,	Signature of plan administrator Date	Enter name of						